Public																	
								PRP/RR									
Procedure	E&M	Service Description	MD	NPP	PHD	LCSW,	OMHC							Traumat	Freestandin		Resident.
			1110	141.1	Psych	RN Ther,	Cimito	On-Site	Off-Site	On/Off Site	FQHC	СМ	Mobile Tx	Brain	Part. Hosp.		Crisis
						LCPC								Injury	Program	Facility	Facility
90791	DFESSION/	AL SERVICES FOR IOP, PHP & CRS Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	170.32							<u> </u>			
90791		C&A Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	190.23										
90792		Psychiatric diagnostic evaluation with medical services	151.68	106.01			170.32										
90792		C&A Psychiatric diagnostic evaluation with medical services	151.68	106.01			190.23										
99201		Evaluation and Management, including Rx -Minimal, new patient	48.70	48.70			48.70										
99202		Evaluation and Management, including Rx -Straight forward, new patient	82.48	82.48			82.48										
99203		Evaluation and Management, including Rx -Low complexity, new patient Evaluation and Management, including Rx -Moderately complex, new patient	119.25	119.25			119.25										\vdash
99204		Evaluation and Management, including Rx -Moderately complex, new patient	181.64	181.64			181.64										1
99205		Evaluation and Management, including Rx -Highly complex, new patient	224.53	224.53			224.53										
99211		Evaluation and Management, including Rx -Minimal	22.72	22.72			22.72										
99212		Evaluation and Management, including Rx -Straight forward	48.70	48.70			48.70										
99213		Evaluation and Management, including Rx -Low complexity	80.11	80.11			80.11										
99214		Evaluation and Management, including Rx -Moderately complex	117.60 157.64	117.60 157.64			117.60 157.64										
99215 90832		Evaluation and Management, including Rx -Highly complex Individual psychotherapy (30 min) MD Only	43.78	30.65			43.78										
90834		Individual psychotherapy (45 min) MD Only	82.30	57.61			82.30										-
		PROFESSIONAL SERVICES															
90791		Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	170.32										
90791		C&A Psychiatric diagnostic evaluation	151.68	106.01	121.08	106.01	190.23										
90792		Psychiatric diagnostic evaluation with medical services	151.68	106.01			170.32										
90792 90832		C&A Psychiatric diagnostic evaluation with medical services Individual psychotherapy (30 min)-Outpatient	151.68 50.05	106.01 34.98	40.09	34.98	190.23 50.05						-				-
90832		C&A Individual psychotherapy (30 min)-Outpatient	50.05	34.98	40.09	34.98	59.19										
90833	Υ	30 min Psychotherapy add on	\$50.05	34.98			50.05							İ			
90833	Υ	C&A 30 min Psychotherapy add on	\$50.05	34.98			59.19										
90834		Individual psychotherapy (45 min)-Outpatient	90.94	63.77	72.65	63.77	90.94										
90834		C&A Individual psychotherapy (45 min)-Outpatient	90.94	63.77	72.65	63.77	105.20										
90836	Y	45 min Psychotherapy add on	\$90.94 \$90.94	63.77 63.77			90.94 105.20										
90836 90837	Y	C&A 45 min Psychotherapy add on Individual psychotherapy (60 min)	\$90.94	03.77			90.94										-
90837		C&A Individual psychotherapy (60 min)					105.20										
90838	Υ	60 min Psychotherapy add on					90.94										
90838	Υ	C&A 60 min Psychotherapy add on					105.20										
90839		Psychotherapy for crisis, first 60 min					100.10										
90839		C&A Psychotherapy for crisis, first 60 min					118.37										
90840 90840		Psychotherapy for crisisadditional 30 min C&A Psychotherapy for crisis additional 30 min					54.16 61.77										\vdash
90846		Family psychotherapy without patient present	85.02	53.81	69.96	53.81	90.14										
90846		C&A Family psychotherapy without patient present	85.02	53.81	69.96	53.81	104.13							İ			
90847		Family psychotherapy with patient present (45-60 min)	94.71	65.64	76.41	65.64	94.71										
90847		C&A Fam psychoth with patient present (45-60 min)	94.71	65.64	76.41	65.64	107.62										
90847-52		C&A Family psychotherapy with patient presentAbbrev	58.65	41.17	46.82	41.17	58.65										igwdown
90849 90849		Multiple family group psychotherapy 45 - 60 minutes					39.83 41.98										$\vdash \vdash \vdash$
90849 90849-52		C&A Multiple family group psychotherapy 45 - 60 minutes Multiple family group psychotherapyAbbrev					35.75										
90849-52		C&A Multiple family group psychotherapyAbbrev					38.55							l			
H2027		Family psycho-education with consumer present					53.81										
		Family psycho-education without					53.81										
90853		Group psychotherapy (not multi-family.) 45-60 minutes	24.75	24.75	24.75		38.74										
90853		C&A Group psychotherapy (not multi-family.) 45-60 minutes.	24.75	24.75	24.75	24.75	40.90							-			\vdash
90853-21 90853-21		Group psychotherapy prolonged (More than 75 minutes) C&A Group psychotherapy prolonged (More than 75 minutes)					50.58 50.58							-			\vdash
99201		Evaluation and Management, including Rx -Minimal, new patient	48.70	48.70			48.70							l .			-
99201		C & A Evaluation and Management, including Rx -Minimal, new patient	48.70	48.70			48.70							i			-
99202		Evaluation and Management, including Rx -Straight forward, new patient	82.48	82.48			82.48										
		C & A Evaluation and Management, including Rx -Straight forward, new															
99202		patient	82.48	82.48			82.48										igwdown
99203		Evaluation and Management, including Rx -Low complexity, new patient C & A Evaluation and Management, including Rx -Low complexity, new	119.25	119.25			119.25										
99203		c & A Evaluation and Management, including Rx -Low complexity, new patient	119.25	119.25			119.25										1 1
		Evaluation and Management, including Rx -Moderately complex, new patient															$\overline{}$
99204			181.64	181.64			181.64										I

		O & A Freshestian and Management including Dr. Madagetal consular and		1										$\overline{}$
00004		C & A Evaluation and Management, including Rx -Moderately complex, new	404.04	404.04			404.04							1 1
99204		patient	181.64	181.64			181.64							
99205		Evaluation and Management, including Rx -Highly complex, new patient	224.53	224.53			224.53							
		C & A Evaluation and Management, including Rx -Highly complex, new												1 1
99205		patient	224.53	224.53			224.53							
99211		Evaluation and Management, including Rx -Minimal	22.72	22.72			22.72							
99211		C&A Evaluation and Management, including Rx -Minimal	22.72	22.72			22.72							
99212		Evaluation and Management, including Rx -Straight forward	48.70	48.70			48.70							
99212		C&A Evaluation and Management, including Rx -Straight forward	48.70	48.70			48.70							
99213		Evaluation and Management, including Rx -Low complexity	80.11	80.11			80.11							
99213		C&A Evaluation and Management, including Rx -Low complexity	80.11	80.11			80.11							
99214		Evaluation and Management, including Rx -Moderately complex	117.60	117.60			117.60							
99214		C&A Evaluation and Management, including Rx -Moderately complex	117.60	117.60			117.60							$\overline{}$
99215		Evaluation and Management, including Rx -Highly complex	157.64	157.64			157.64							
99215		C&A Evaluation and Management, including Rx -Highly complex	157.64	157.64			157.64							
90875		Indiv psychophysio therapy incl biofdbk (20-30 min)	50.05	34.98	40.09	34.98	50.05							
90876		Indiv psychophysio therapy incl biofdbk (45-50 min)	90.94	63.77	72.65	63.77	90.94							
90889		Discharge OMS (HCFA)	30.34	03.77	72.03	05.77	21.53							-
0929		Discharge OMS (UB)					21.00						\$21.53	
					99.02		99.02						Φ21.33	
96101		Psych testing, per hour, Ph.D. Lic-Maximum 8 hours per service												
96102		Psychological Testing Computer (Flat rate)	E4 40	E4 40	27.55		27.55							igwdot
99241		Office Consultation - also used for H&P for PHP (15 Min)	51.49	51.49					—					igwdot
99242		Office Consultation - also used for H&P for PHP (30 min)	96.74	96.74										igwdown
99243		Office Consultation - also used for H&P for PHP (40 min)	131.91	131.91										igsquare
99244		Office Consultation - also used for H&P for PHP (60 min)	194.48	194.48										1 1
99245		Office Consultation - also used for H&P for PHP (80 min)	237.73	237.73				i						$\overline{}$
99245		` ,	231.13	231.13										
99354		Prolonged phy svc req face-to-face pat contact beyond the usual service					106.79							1 I
		Each additional 30 minutes of a prolonged phy svc					100.10							-
99355		Each additional of mindles of a prolonged phy sve					104.10							1 I
INPATIENT H	IOSPITAL	SERVICES												
99221	IOOI IIAL	Initial hospital care (30 min) (MD only)	108.43	108.43										_
		. , , , , , , , , , , , , , , , , , , ,												
99221		C&A Initial hospital care (30 min) (MD only)	108.43	108.43										
99222		Initial hospital care (50 min) (MD only)	147.19	147.19										
99222		C&A Initial hospital care (50 min) (MD only)	147.19	147.19										
99223		Initial hospital care (70 min) (MD only)	216.47	216.47										
99223		C&A Initial hospital care (70 min) (MD only)	216.47	216.47										$\overline{}$
99231		Subsequent IP care (15 min) (MD only)	41.71	41.71										-
99231		C&A Subsequent IP care (15 min) (MD only)				-						-		
		, , , , , , , , , , , , , , , , , , , ,	41.71	41.71										
99232		Subsequent IP care (25 min) (MD only)	76.73	76.73										
99232		C&A Subsequent IP care (25 min) (MD only)	76.73	76.73										
99233		Subsequent IP care (35 min) (MD only)	110.63	110.63										
99233		C&A Subsequent IP care (35 min) (MD only)	110.63	110.63										$\overline{}$
99238		Hospital discharge day mgmt (30 min or less) (MD only)	77.68	77.68										
99238		C&A Hospital discharge day mgmt (30 min or less) (MD only)	77.68	77.68										-
		, , , , , , , , , , , , , , , , , , , ,						—			1	-		
99239		Hospital discharge day mgmt (>30 min) (MD only)	114.63	114.63										igwdown
99239		C&A Hospital discharge day mgmt (>30 min) (MD only)	114.63	114.63										igsquare
99251		Initial inpatient consultation (20 min) (MD only)	51.66	51.66										<u> </u>
99252		Initial inpatient consultation (40 min) (MD only)	79.60	79.60										
99253		Initial inpatient consultation (55 min) (MD only)	121.30	121.30				i						
99254		Initial inpatient consultation (80 min) (MD only)	174.86	174.86				 			l			-
99255		Initial inpatient consultation (do min) (MD only)						+			1			
		, , , , , , , , , , , , , , , , , , , ,	217.80	217.80							!			
99281		ER Visit	22.27	22.27										igsquare
99282		ER Visit	43.80	43.80]
99283		ER Visit	65.29	65.29										
99284		ER Visit	124.63	124.63										
99285		ER Visit	182.80	182.80				1			1			$\overline{}$
MISCELLAN	EOUS		102.00	102.00										
	LUUS	Anaeth sain for ECT	00.00											
00104		Anesthesia for ECT	98.27											
90870		ECT single seizure w/ monitoring (Physician only)	98.39											
									Ind.					
T1015		Clinic visit/encounter, all inclusive rate per day							 Rate		<u> </u>			I
36415		Collection of blood by venipuncture					14.94							
90772		Therapeutic injection - Ends 12/31/2008					14.94				Î			$\overline{}$
96372		Therapeutic injection - Starts 01/01/2009	 				14.94	 						
	D\//050	Therapodilo Injection - Otalia 01/01/2003					14.94							lacksquare
SPECIAL SEI		M () M ()												
S0201		Mental health partial hosp, tx <24 hours					_					\$203.68		

Public Mental Health System Rates Effective July 1, 2013

S0201-52		Intensive outpatient program (IOP)		1									\$110.85		1
S9480		Intensive Outpation program (IOF) Intensive OP psych svcs, per diem (clinic model)				129.69							\$110.65		
S9480		C&A Intensive OP psych svcs, per diem (clinic model)				154.17									
H0032		Interdisciplinary team tx plng w/patient present				82.87									
H0046		Therapeutic Nursery				42.20									
OCCUPATION	ONAL THE														
97003		Occupational therapy evaluation, per 15 min			15.07										
97004		Occupational therapy re-evaluation, per 15 min			15.07										
97150		Therapeutic procedure(s) group (2 or more)			18.30										
97530		Therapeutic activities, direct patient contact, per 15 min.			11.83										
97532		Development of cognitive skills, direct contact per 15 min.			11.83										
97535		Self-care/home mgmt trng, per 15 min.			11.83										
97537		Community/work reintegration trng, direct contact, per 15 min.			11.83										
	FALTH CAS	SE MANAGEMENT													
H0031	1	Case Management Annual Assessment (only if approved by program)									\$108.61				
T1016		Mental health case management (Daily rate)									\$108.61				
MOBILE TR	EATMENT										ψ100.01				
H0040-21	LATIVILIVI	Assertive Community Treatment (ACT) EBP										\$1,183.84			
H0040-21		Assertive Community Treatment (ACT) EBP for Medicare consumers		1							-	\$1,183.84			
H0040-09		Mobil treatment Non-EBP		1							-				
H0040 H0040-52											-	\$839.45	 		
	L DECISION	Mobil treatment Non-EBP for Medicare consumers										\$643.58			
	CIC REHAB	ILITATION-RESIDENTIAL REHABILITATION PROGRAM													
H0002		Rehabilitation Assessment					\$61.62	\$61.62							
H2016		Encounter (only bill w/POS 15 (off-site) or 52 (on-site)													
S9445		Any combination of on/off-site PRP svcs for client in a supported employment													
		program. (Must use POS 52 or 15 & min 2 encounters) (Monthly rate)					\$107.62	\$107.62	\$107.62						
H2018-U2		Any combination of on/off-site PRP svcs for Community client (i.e. child or													
		adult under supv of guardian/parent). (Must use POS 49 & min 3 encounters)													
		(Monthly rate)							\$426.99						
H2018-U2		On-site PRP svcs only for Community client. (Must use POS 52 & min 2													
		encounters) (Monthly rate)					\$183.22								
H2018-U2		Off-site PRP svcs only for Community client. (Must use POS 15 & min 2					V								
		encounters) (Monthly rate)						\$243.76							
H2018-U3		Any combination of on/off-site PRP svcs for Supported Living client (i.e. adult						4=							
		living independently). (Must use POS 49 & min 6 encounters) (Monthly rate)							\$760.88						
H2018-U3		On-site PRP svcs only for Supported Living client. (Must use POS 52 & min 3							ψ/ 00.00						
2010 00		encounters) (Monthly rate)					\$259.37						1		
H2018-U3		Off-site PRP svcs only for Supported Living client. (Must use POS 15 & min 5													
		encounters) (Monthly rate)						\$501.51					1		
H2018-U4		On-site PRP svcs only to Adult in General Level RRP bed. (Must use POS	-		 			\$301.31							
112010-04		52 & min 4 encounters) (Monthly rate)					\$447.70						1		
H2018-U4		Off-site PRP svcs only to Adult in General Level RRP bed. (Must use POS					\$447.70								
H2016-U4		15 & min 13 encounters) (Monthly rate)													
								\$1,202.13							
H2018-U5		On-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS											· '		
	<u> </u>	52 & min 4 encounters) (Monthly rate)		 <u> </u>	<u> </u>		\$447.70			<u></u>	<u> </u>		<u> </u>		
H2018-U5		Off-site PRP svcs only to Adult in Intensive Level RRP bed. (Must use POS													
		15 & min 19 encounters) (Monthly rate)						\$3,123.17					· '		
H2018-U6		Any combination of on/off-site PRP svcs for adult in General Level RRP bed.													
		(Must use POS 49 & min 17 encounters) (Monthly rate)							\$1,649.83				· '		
H2018-U7	1	Any combination of on/off-site PRP svcs for adult in Intensivel Level RRP bed.	-	 	\vdash				ψ1,0+3.03		-			 	
112010-01		(Must use POS 49 & min 23 encounters) (Monthly rate)											· '		
									\$3,570.87						
T1023		Transitional PRP. Any combination of on/off-site PRP services to adult or											· '		
		TAY consumer transitioning to an RRP or an inpt. Facility. (Must use POS 49 and min 4 encounters for at least 60 min each)											· '		
		and min 4 encounters for at least of min each)							\$447.70						
HOUSING S	ERVICES														
T2048		Residential room and board (per day)					\$12.59							\$12.59	
S5150		Enhanced support (per hour) (10 hour maximum)					\$12.91								
H0019		Crisis Bed hold (per day)					\$12.59							\$12.59	
RESPITE CA	ARE														
H0045		Adult Respite care, not in home, per diem					\$75.61								
H0045		C&A Respite care, not in home, per diem												\$174.34	
						\$3.49/						\$3.49/			
T1005		In home respite care				15min.						15min.	<u> </u>		

Public Mental Health System Rates Effective July 1, 2013

RESIDENTIA	CRISIS SERVICES													
S9485	Residential crisis services (also bill as T2048)													\$252.34
S5145	Residential crisis, treatment foster care													\$162.25
SUPPORTED	EMPLOYMENT													
H2023	CSA w/lifetime benefit of \$2,750)							\$7.40						
H2024	Supported employment (Pre-placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							\$430.49						
H2024-21	Supported employment (Job placement phase) (Auth'd by CSA and has a maximum number of 3 units/year)							\$1,075.14						
H2026	Ongoing support to maintain employment, per month							\$349.77						
H2026-21	Ongoing support to maintain employment, per month - EBP							\$430.49						
S9445-52	Clinic coordination - EBP							\$107.62						
TRAUMATIC	BRAIN INJURY													
W0037	Residential habilitation Level 1 (per day)											\$192.76		
W0038	Residential habilitation Level 2 (per day)											\$255.24		
W0039	Residential habilitation Level 3 (per day)											\$353.11		
W0054	Day habilitation Level 1 (per day)											\$49.76		
W0055	Day habilitation Level 2 (per day)											\$86.81		
W0056	Day habilitation Level 3 (per day)											\$122.14		
W0057	Supported employment Level 1 (per day)											\$29.53		
W0058	Supported employment Level 2 (per day)											\$49.76		
W0059	Supported employment Level 3 (per day)											\$122.14		
W0060	Individual Support Services (ISS)											\$24.14		
THERAPEUT	C BEHAVIORAL SERVICES													
96150	Initial Assessment & Development of Behavioral Plan for TBS	\$105.51												1
96151	Reassessment and development of new Behavior Plan for TBS (licensed TBS Providers only)	\$99.18												
96152	EPSDT Health & behavior intervention, each 15 min (must be a designated provider of Therapeutic Behavioral Services)	\$21.56/hr (\$5.39/15 minutes)												
* Reimbursable using POS 12 for follow-up visits by an OMHC M.D. in a Crisis Bed														
	** If value of field is 'Y', can charge one E&M Code between 99201 and 99215													